

Moral Distress: Dual Identities of Health Care Professionals Working with People with Dysphagia

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Abstract

Purpose: Dysphagia treatment decisions are distressing because cultural associations with food and drink carry emotional and social weight not seen with other clinical interventions. We sought to describe how professional culture and human experience influence how health care providers think about eating and drinking.

Methods: This focus group study involved speech and language therapists (SLTs) (n=15) working in rehabilitation settings and non-SLT front line providers (n=15) from an urban health care network. They were asked to consider eating/drinking/feeding as 1) a human experience, and 2) a biomechanical task when caring for patients with dysphagia. They were asked why health care providers do not follow evidence or practice guidelines. Dialogue was audio recorded, transcribed and studied using Thematic Analysis.

Results: Four focus groups took place. Themes included: 1) association of eating/drinking with health/survival and feelings, 2) emotional links to people across time/place, 3) transference of love and care for feeders. Participants voiced concern that a) people with dysphagia lose control over a highly meaningful life process, and b) professionals do not recognize their role in this problem. All groups expressed inner turmoil with feeding interventions/decisions.

Conclusions: Dysphagia intervention uniquely challenges clinicians, patients, and caregivers involved in decision-making and may cause distress due to the emotional component inherent in the life sustaining process of eating and drinking.

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